24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Values are Vital	
	C C00552422
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Axiom Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 1251 NW Briarcliff Parkway	
Suite 85	Amount
City State Zip Code	5739.90
Kansas City MO 64116	Transaction ID : SE.4396 Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls Category/ Type 004	M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 19
PAIGE VANIER Vanier KREEGEL Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General Other (specify) ► Special-Primary
Full Name of Payee Axiom Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 1251 NW Briarcliff Parkway	Amount
Suite 85	Amount
City State Zip Code	5739.90
Kansas City MO 64116	Transaction ID : SE.4397 Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls Category/ Type 004	04 / D D / Y Y Y Y Y Y 18
Name of Federal Candidate Support Offic	e Sought: X House District: 19
CURTIS J CLAWSON Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ► Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	11479.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mixing with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • •
Ronald M Firman [Electronically Filed] Date	14 18 2014
oignaturo	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	-14: -/.: -:	1101120		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Values are Vital				C00552422
			L	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Axiom Strategies, LLC			Date of F	Public Distribution/Dissemination
			M	M / D D / Y T Y T Y
Mailing Address 1251 NW Briarcliff Parkway			Amount	
Suite 85		7: 0 !		F700.00
City Kansas City	State Zip Code MO 64116			5739.89 tion ID : SE.4398
		1		Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type 004	M 04	
Name of Federal Candidate		Support	Office Sought:	X House District:19
LIZBETH BENACQUISTO		X Oppose	President	Senate State: FL
Calendar Year-To-Date	1	411222 22	Disbursement F	or: Primary General
Per Election for Office Sought		411232.23	2014 X Othe	r (specify) ▶ Special-Primary
Full Name of Payee Jamestown Associates			Date of	Public Distribution/Dissemination
Jamestown Associates			M	M / D D / Y Y Y Y
Mailing Address 5 Mapleton Road			Amount	
Suite 300			Amount	
City	State	Zip Code	Transacti	21344.00
Princeton	NJ	08540		on ID: SE.4399 Disbursement or Obligation
Purpose of Expenditure TV Ad Buy		Category/ Type 004	^M 04	
Name of Federal Candidate		X Support	Office Sought:	House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		1375334.54	Disbursement F	for: Primary General er (specify) ▶ Special-Primary
			Z Otne	(Specify) F
(a) SUBTOTAL of Itemized Independent Expend	itures		·	27083.89
(b) SUBTOTAL of Unitemized Independent Expe	nditures		.	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ronald M Firman	[Electron	nically Filed] Date		18 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI EIID			PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Values are Vital				C C00552422
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Jamestown Associates				f Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
Mailing Address 5 Mapleton Road			Amour	nt
Suite 300	State	Zip Code		13341.00
City Princeton	NJ	08540		action ID : SE.4400
Purpose of Expenditure		Category/		f Disbursement or Obligation
TV Ad Buy		Type 004		04 17 2014
Name of Federal Candidate		Support	Office Sought	: X House District: 19
CURTIS J CLAWSON		Oppose	Preside	nt Senate State: FL
Calendar Year-To-Date	13	888675.54	Disbursement	, ,
Per Election for Office Sought	, ,		Ot	her (specify) ▶ Special-Primary
Full Name of Payee Jamestown Associates				of Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
Mailing Address 5 Mapleton Road			Amour	nt
Suite 300	State	Zip Code		5337.00
Princeton	NJ	08540	Transa Date o	ction ID : SE.4401 of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy		Category/ Type 004	М	04 17 2014
Name of Federal Candidate		Support	Office Sough	t: X House District: 19
LIZBETH BENACQUISTO		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1394012.54	Disbursement 2014	
, ,	, , ,		<u> </u>	ther (specify) Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S			18678.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ronald M Firman	[Electron	ically Filed] Date	04	18 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LAFLINDI	TONES		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Values are Vital				C C00552422
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Jamestown Associates				of Public Distribution/Dissemination
Mailing Address 5 Mapleton Road				
Suite 300			Amoui	
City	State	Zip Code		2810.03
Princeton	NJ	08540		action ID : SE.4405 of Disbursement or Obligation
Purpose of Expenditure TV Ad Production		Category/ Type 004	М	04 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: X House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	14	14042.26	Disbursement 2014 X O	t For: Primary General ther (specify) ▶ Special-Primary
Full Name of Payee Morado & Associates, LLC				of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway			Amou	nt
PMB #160			Amou	
City	State	Zip Code		14000.00
Cape Coral	FL	33904		ction ID : SE.4402 of Disbursement or Obligation
Purpose of Expenditure Internet Media		Category/ Type 004	M	04 / 17 / 2014
Name of Federal Candidate		X Support	Office Sough	t: X House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	Preside	FI
Calendar Year-To-Date Per Election for Office Sought		1346990.54	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			, r	16810.03
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. —	
(,, == = = = = = = = = = = = = = = = = =				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ronald M Firman Signature	[Electroni	cally Filed] Date	04 /	18 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	ITOTILO		PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Values are Vital			C	C00552422
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Morado & Associates, LLC			Date of Publi	ic Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway			_ L.J	
PMB #160			Amount	
City	State	Zip Code		5600.00
Cape Coral	FL	33904	Transaction Date of Disb	ID: SE.4403 ursement or Obligation
Purpose of Expenditure Internet Media		Category/ Type 004	04	17 2014
Name of Federal Candidate		Support	Office Sought:	X House District: 19
CURTIS J CLAWSON		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	13	352590.54	Disbursement For: 2014	Primary General pecify) ▶ Special-Primary
Full Name of Payee Morado & Associates, LLC			Date of Publ	ic Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway			Amount	
PMB #160			Amount	
City	State	Zip Code		1400.00
Cape Coral	FL	33904	Transaction I Date of Disb	D: SE.4404 bursement or Obligation
Purpose of Expenditure Internet Media		Category/ Type 004	04	17 / 2014
Name of Federal Candidate		Support	Office Sought:	X House District: 19
LIZBETH BENACQUISTO		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	1353990.54	Disbursement For: 2014	Primary General pecify) ► Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			7000.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(b) SOBTOTAL OF OFFICE INTERPOLATION EXPENSE			· -	75
(c) TOTAL Independent Expenditures			>	81051.72
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ronald M Firman Signature	[Electron	ically Filed] Date	04 / 18	2014